STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953686	**12/19/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6120 CONGRESS STREET** **NEW PORT RICHEY, FL 34652**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017012273), was conducted at Grand Villa of New Port Richey on . Grand Villa of New Port Richey, Assisted Living Facility, had a deficiency at the time of the investigation.

(License # 4832)

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to provide required documentation for completed trainings, including the date and duration of the training for one of three sampled staff (Staff B).

Findings included:

A review of employee records was conducted on and it showed that Staff B had a date of hire of . A review of Staff B's training certificates in the subjects of resident rights, recognizing and reporting , neglect, and , , and providing assistance with the activities of daily living showed no date of completion as to when the training was conducted (photographic evidence obtained).

An interview was conducted with the Business Office Manager at 7:26 PM on concerning the training certificates for Staff B in the subjects of resident rights, recognizing and reporting , neglect, and , , and providing assistance with the activities of daily living. The Business Office Manager reviewed the training certificates and stated that the certificates had no dates of training.

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